



Patient name (Patient Label)

**Department for Public Health  
Tuberculosis Control Program**

**REPORT OF TUBERCULOSIS SCREENING**

Date\_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

**The above named individual has been evaluated by \_\_\_\_\_**  
(Name of Health Department/ Facility)

\_\_\_\_\_ A tuberculin skin test was given on \_\_\_\_\_ (read within 48–72 hours after administration) and was read on \_\_\_\_\_ – results \_\_\_\_\_ mm.

\_\_\_\_\_ A tuberculin skin test (TST) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

\_\_\_\_\_ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

\_\_\_\_\_ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

\_\_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active TB disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature\_\_\_\_\_ Date\_\_\_\_\_  
(MD, ARNP, PA, RN)

Address\_\_\_\_\_ Phone\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Copy to Patient  
Copy to Record*

TB-3 (7/07)